

MDHHS TB Incentives & Enablers Request Form:
Any Gift Card Amount or Reimbursement Less than \$200

1. Use this form if you are requesting any amount of gift cards or for reimbursements less than \$200.

For reimbursements estimated to cost more than \$200 please
complete [Form B](#) to obtain approval before expenses are incurred.

2. Complete **Sections I-II** of this form and either fax or email to MDHHS

Attention: TB Public Health Consultant
Email: davidsonp@michigan.gov
Fax: 517-335-8263

[Need help filling out this form? See our Directions](#)

SECTION I

Your Name:		Date:	
Health Department:			
Mailing/shipping address:			
Email address:		Phone:	
Initials of person receiving IEs (not your initials):			
Number of people in this request:	LTBI	Active TB Disease	Other

Are you requesting an incentive or enabler? [What's the difference?](#) Incentive Enabler

Request Type: Gift Card Reimbursement (check)

Reason for Request (why are you requesting an incentive and/or enabler?)

SECTION II

Gift Cards:

Company	Amount (#)	Value (\$)	Total Amount
TOTAL			

Reimbursements Less Than \$200: (Remember to attach your proof of purchase)

Company	Details	Amount
TOTAL		

Any other comments?

Signature of LHD Requestor: _____ Date: _____

SECTION III: Approval (completed by MDHHS only)

☐ Approved ☐ Denied

Reason for Denial (if necessary):

MDHHS TB Program: _____ Date: _____